

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MASSACHUSETTS

JOHN HANCOCK LIFE INSURANCE  
COMPANY, JOHN HANCOCK  
VARIABLE LIFE INSURANCE  
COMPANY and MANULIFE  
INSURANCE COMPANY,

Plaintiffs,

v.

ABBOTT LABORATORIES,

Defendant.

CIVIL ACTION NO. 05-11150-DPW

**ABBOTT'S DEPOSITION DESIGNATIONS AND COUNTER DESIGNATIONS**  
**FOR CHRIS SILBER**

Defendant Abbott Laboratories ("Abbott") respectfully submits the attached deposition designations and counter-designations for the February 9, 2007 deposition of Chris Silber, M.D., former Head of the Analgesia Venture (ABT-594).

Dated: February 18, 2008

Respectfully submitted,

ABBOTT LABORATORIES

By:     /s/ Eric J. Lorenzini      
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**CERTIFICATE OF SERVICE**

I hereby certify that this document(s) filed through the ECF system will be sent electronically to the registered participants as identified on the Notice of Electronic Filing (NEF) and paper copies will be sent to those indicated as non registered participants on February 18, 2008.

Date: February 18, 2008.

\_\_\_\_\_/s/ Ozge Guzelsu





**Christopher Silber Deposition Designations**

<b>Depo Date</b>	<b>Witness</b>	<b>Hancock Designation</b>	<b>Abbott Counter Designation</b>	<b>Abbott Designation</b>	<b>Deposition Exhibit</b>	<b>Plaintiff Exhibit</b>	<b>Deposition Exhibit</b>
02/27/07	Silber, Christopher			5:13-5:15			
02/27/07	Silber, Christopher			6:16-8:21			
02/27/07	Silber, Christopher			10:16-13:1			
02/27/07	Silber, Christopher			21:11-21:18			
02/27/07	Silber, Christopher			23:3-24:7			
02/27/07	Silber, Christopher			33:22-34:2			
02/27/07	Silber, Christopher			35:21-36:1			
02/27/07	Silber, Christopher			43:9-43:21			
02/27/07	Silber, Christopher			53:2-53:19			
02/27/07	Silber, Christopher			54:2-54:8			
02/27/07	Silber, Christopher			55:3-55:11			
02/27/07	Silber, Christopher			55:20-55:23			
02/27/07	Silber, Christopher			68:7-68:12			
02/27/07	Silber, Christopher			72:6-72:17			
02/27/07	Silber, Christopher			104:23-105:3			

# PART 2

<b>Depo Date</b>	<b>Witness</b>	<b>Hancock Designation</b>	<b>Abbott Counter Designation</b>	<b>Abbott Designation</b>	<b>Deposition Exhibit</b>	<b>Plaintiff Exhibit</b>	<b>Deposition Exhibit</b>
02/27/07	Silber, Christopher			105:10:105:15			
02/27/07	Silber, Christopher			115:22-116:15			
02/27/07	Silber, Christopher			117:1-117:20			
02/27/07	Silber, Christopher			141:17-141:20			



## **Color Key to Deposition Designations**

 **Designation by Plaintiffs**

 **Counter Designation by Defendants**

 **Designation by Defendants**



Silber, M.D., Christopher (Linked) 2/9/2007 9:08:00 AM

1 IN THE UNITED STATES DISTRICT COURT

2 FOR THE DISTRICT OF MASSACHUSETTS

3 JOHN HANCOCK LIFE INSURANCE )

4 COMPANY, JOHN HANCOCK VARIABLE )

5 LIFE INSURANCE COMPANY, and )

6 MANULIFE INSURANCE COMPANY )

7 (f/k/a INVESTORS PARTNER )

8 INSURANCE COMPANY), )

9 Plaintiffs, ) Civil Action No.

10 vs. ) 05-11150-DPW

11 ABBOTT LABORATORIES, )

12 Defendant. )

13

14 The videotaped deposition of CHRISTOPHER

15 SILBER, M.D., called for examination, taken pursuant

16 to the provisions of the Federal Rules of Civil

17 Procedure of the United States District Courts

18 pertaining to the taking of depositions for the

19 purpose of discovery, taken before Barbara J.

20 Cramer, CSR No. 84-1700, a Certified Shorthand

21 Reporter of the State of Illinois, at Suite 1300,

22 Two North LaSalle Street, Chicago, Illinois, on the

23 9th day of February, A.D. 2007, at 9:08 a.m.

24



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1 A. The manufacture, commercialization of  
2 hospital-based products, injectable drugs.

3 Q. Now, was Hospira at one point in time  
4 part of Abbott?

5 A. It was.

6 Q. When did -- when did you first join  
7 Hospira?

8 A. I joined Hospira in February of 2004. It  
9 actually was prior to its formation as a company.  
10 But over the subsequent couple of months, it became  
11 Hospira officially.

12 Q. Is it correct that what is now Hospira,  
13 at one point in time, was part of Abbott and was  
14 spun off by Abbott?

15 A. That's correct.

16 Q. And you worked for what is now Hospira  
17 before it was spun off by Abbott. Is that right?

18 A. I -- prior to -- to that, it was part of  
19 Abbott Laboratories. But, yes, in February of 2004,  
20 I -- I worked for the corporation that then became  
21 Hospira.

22 Q. What position do you hold at Hospira?

23 A. My title is global medical director.

24 Q. Very briefly, what are your duties as



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1 global medical director?

2 A. I head a function called drug development  
3 and medical services, which includes clinical  
4 research, medical communication, and medical  
5 education.

6 Q. Have you been global medical director at  
7 Hospira since you joined what is now Hospira in  
8 February 2004?

9 A. Yes.

10 Q. At some point in time, you worked for  
11 Abbott. Correct?

12 A. That's correct.

13 Q. When -- over what period of time did you  
14 work for Abbott?

15 A. From 1991 through the period of time that  
16 I joined what became Hospira.

17 Q. So --

18 A. So February of 2004.

19 Q. I'm sorry. I didn't mean to interrupt.  
20 So through February of 2004?

21 A. That's correct.

22 Q. Very briefly, Doctor, what is your  
23 educational background?

24 A. I went to Tufts University for my

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1 global medical director?

2 A. I head a function called drug development  
3 and medical services, which includes clinical  
4 research, medical communication, and medical  
5 education.

6 Q. Have you been global medical director at  
7 Hospira since you joined what is now Hospira in  
8 February 2004?

9 A. Yes.

10 Q. At some point in time, you worked for  
11 Abbott. Correct?

12 A. That's correct.

13 Q. When -- over what period of time did you  
14 work for Abbott?

15 A. From 1991 through the period of time that  
16 I joined what became Hospira.

17 Q. So --

18 A. So February of 2004.

19 Q. I'm sorry. I didn't mean to interrupt.  
20 So through February of 2004?

21 A. That's correct.

22 Q. Very briefly, Doctor, what is your  
23 educational background?

24 A. I went to Tufts University for my

# PART 2

Silber, M.D., Christopher (Linked) 2/9/2007 9:08:00 AM

1 Q. What did you do between 1986 and 1991

2 when you joined Abbott?

3 A. I did training in family medicine at Duke

4 and thereafter was employed by a company named

5 Forest Laboratories.

6 Q. What positions did you hold at Forest

7 Laboratories?

8 A. Assistant director, assistant medical

9 director.

10 Q. And what was the business of Forest Labs?

11 A. The development of, primarily, generic

12 drugs, but the pharmaceutical industry.

13 Q. Were you involved in drug development at

14 Forest Labs?

15 A. Yes, I was.

16 Q. And what positions did you hold at Abbott

17 when you worked there?

18 A. I held a variety of posts at Abbott.

19 Q. When you first joined Abbott, what

20 positions did you hold back in 1991?

21 A. Associate director or associate medical

22 director.

23 Q. What other positions did you hold that

24 you recall?



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1 A. Um-hmm. Medical director, venture head,  
2 senior director marketed product development, and a  
3 role called global project head.

4 Q. Global project head?

5 A. Um-hmm.

6 Q. Was that the last position that you held  
7 at Abbott before you joined Hospira?

8 A. Yes.

9 Q. Were all the positions that you held at  
10 Abbott involved in some way in pharmaceutical drug  
11 development?

12 A. Yes.

13 Q. One of the positions you held was venture  
14 head. What's a "venture"?

15 A. A venture was an -- an entity responsible  
16 for the development of a drug or a group of drugs.  
17 The -- the basic theme of the venture was that it  
18 was intended to be, within a large company, an -- an  
19 entity that was solely focused on drug development,  
20 targeted to -- to speed, being able to develop drugs  
21 rapidly.

22 Q. Was there a particular venture of which  
23 you were the head?

24 A. I headed an entity referred to as the

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1 psychopharmacology venture, and then I had  
2 responsibilities for a pain team as well as venture  
3 head.

4 Q. I'm sorry. You said you had  
5 responsibilities for a pain team. Was that part of  
6 the venture?

7 A. It was a venture, yes.

8 Q. Was it a separate venture from the  
9 psychopharmacology venture?

10 A. One evolved into the other.

11 Q. Was one of the compounds that was being  
12 developed by the pain team ABT-594?

13 A. Yes, it was.

14 Q. For how long were you venture head of  
15 the -- of the psychopharma venture or the pain team?

16 A. I -- I believe I was psychopharmacology  
17 venture head on or around 1996 through sometime in  
18 1997; and then from 1997 through 2001 was  
19 responsible for pain compounds.

20 Q. When in 2001 did you no longer -- did you  
21 cease to be responsible for pain compounds?

22 A. I'm not certain of the precise date, but  
23 somewhere in the range of February or March.

24 Q. Of 2001?

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1 A. That's correct.

2 Q. And you moved from that position into the  
3 position of senior director of marketed products?

4 A. That's correct.

5 Q. What responsibilities did you have as  
6 senior director of marketed products?

7 A. My responsibilities initially had to do  
8 with the acquisition of Knoll Pharmaceuticals, so I  
9 had responsibilities for neuroscience compounds, as  
10 well some of the -- the compounds -- marketed  
11 compounds that we were obtaining as part of the  
12 Knoll acquisition.

13 Q. Were you responsible in part for  
14 integrating the Knoll acquisition?

15 A. In part, yes.

16 Q. Very briefly, what was the Knoll  
17 acquisition?

18 A. Abbott Laboratories had acquired Knoll  
19 Pharmaceuticals. The acquisition process had to do  
20 with the transfer of the compounds associated with  
21 that company to become part of Abbott.

22 MR. DAVIS: Let me mark this as Exhibit No. 1,  
23 please.

24



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1 MR. FRANCE: We're going off the video record  
2 at 9:24 a.m.

3 (WHEREUPON, a recess was had from  
4 9:24 a.m. until 9:30 a.m.)

5 MR. PHILLIPS: I don't know if there was a  
6 question pending, but --

7 MR. DAVIS: I think there was. We'll go back.

8 MR. FRANCE: We're going -- we're going back on  
9 the video record at 9:30 a.m.

10 BY MR. DAVIS:

11 Q. Doctor, I think just before we broke  
12 there for a moment, I asked you what was -- is or  
13 was ABT-594.

14 A. ABT-594 was a compound that was being  
15 developed for the treatment of pain.

16 Q. And it -- was it an NNR?

17 A. Its pharmacology was that of a neuronal  
18 nicotinic receptor profile, yes.

19 Q. Now, do you recall having discussions --  
20 actually, we'll go back for a moment.

21 This document, Exhibit 2, on the re line,  
22 makes reference to the "Analgesia Venture Portfolio  
23 Review." Was the analgesia venture the same as the  
24 pain team that you referred to earlier?



# PART 3

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1 pharmacologic class, also being considered for

2 development for the treatment of pain.

3 Q. If you take a look at the second page --

4 oh, I'm sorry. On the first page, it refers to

5 ABT-5 -- 259 as a follow-on compound. What is a

6 follow-on compound?

7 A. In general terms, a follow-on compound

8 would be an additional compound that could be

9 developed or could show different features from what

10 would be referred to as the lead compound in a

11 class.

12 Q. And what's the lead compound?

13 A. The first in a class. In this case,

14 ABT-594 would be the compound I would refer to as a

15 lead.

16 Q. Would it be fair to say that a follow-on

17 compound is a compound that is being developed or

18 could be developed as a replacement for the lead

19 compound if the decision was made not to further

20 develop the lead compound?

21 MR. PHILLIPS: Object to the form.

22 BY THE WITNESS:

23 A. Can you repeat the question?

24 MR. DAVIS: Yes. Would you read back the

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1 question, please?

2 (WHEREUPON, the record was read by

3 the reporter.)

4 BY THE WITNESS:

5 A. What I would say is that a -- a follow-on

6 compound would be developed in parallel as part of

7 an overall development effort.

8 BY MR. DAVIS:

9 Q. With the expectation that both the lead

10 compound on the follow-on compound would be

11 commercialized?

12 MR. PHILLIPS: Objection; objection to the

13 form.

14 BY THE WITNESS:

15 A. Can you rephrase that question?

16 BY MR. DAVIS:

17 Q. Sure. When -- in your experience, was

18 it -- it typical for Abbott to develop and

19 commercially introduce both the lead compound and a

20 follow-on compound in the same category?

21 A. I -- I would say it depends.

22 Q. Okay. Would you take a look at the

23 second page of Exhibit 2, please? And the -- please

24 read the very first paragraph that says, "Chris

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1 BY THE WITNESS:

2 A. I -- I don't recall Abbott having an --  
3 an opinion with respect to that at all, and I -- I  
4 don't recall.

5 BY MR. DAVIS:

6 Q. You say you don't recall Abbott having an  
7 opinion. You're talking about the corporate entity.  
8 Is that right?

9 A. That's correct.

10 Q. Okay. How about you? Did you know  
11 back -- did you have an opinion, back in January  
12 1999, whether it was desirable for Abbott to find a  
13 follow-on compound for ABT-594 that had a clinically  
14 meaningful improvement in GI side effects?

15 A. I -- I don't recall my opinion at that  
16 time.

17 Q. Um-hmm. Did you think that the GI side  
18 effects associated with ABT-594 might hinder the  
19 commercialization of that compound back in January  
20 of '99?

21 A. I do not recall thinking that at all.

22 Q. Did the GI side effects that you knew  
23 existed with ABT-594 back in 1999 cause you any  
24 concern about the potential to commercialize that



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1 compound?

2 A. I do not recall having that concern, no.

3 Q. Would you look, please, at the pages of

4 Exhibit 2 that's titled, "Questions and Answers"?

5 MR. PHILLIPS: So beginning at 114524?

6 MR. DAVIS: 524, correct.

7 BY MR. DAVIS:

8 Q. Do you recall participating in any

9 question-and-answer sessions in the course of any

10 portfolio review presentations that you made?

11 MR. PHILLIPS: At any time?

12 MR. DAVIS: At Abbott.

13 BY THE WITNESS:

14 A. I -- I do recall, as a matter of general

15 practice, being asked questions as part of

16 presentations. I -- I do not recall these specific

17 questions.

18 BY MR. DAVIS:

19 Q. Who is Dan Norbeck?

20 A. Dan Norbeck was a senior-ranking member

21 of the drug discovery component of Abbott.

22 Q. Um-hmm. At the bottom of the page that's

23 numbered 524, there's a -- it looks -- appears to be

24 a question asked by Dan Norbeck, "Did the AEs

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1 include smokers and nonsmokers?"

2 Do you see that?

3 A. I do see that.

4 Q. What's an AE?

5 A. While I'm not certain what was being

6 referenced in the preparation of this document, in

7 general, AE refers to adverse events.

8 Q. Um-hmm. And if you look at the top of

9 the very next page, it appears to be an answer to

10 the question, and it says "The AE data for the

11 ABT-594, 100 microgram dose group, including smokers

12 and nonsmokers, was 24 percent for dizziness,

13 32 percent for nausea, and 20 percent for vomiting.

14 Most of the vomiting occurred after rescue

15 medication was given."

16 Do you see that?

17 A. I -- I do see that.

18 Q. What's "rescue medication"?

19 A. I -- I don't recall the context for

20 rescue medication in the document in front of me.

21 Q. Okay. Do you recall being concerned in

22 any way by the AE data for ABT-594 back in January

23 of 1999?

24 A. I do not recall being concerned about it,

# PART 4

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1 no.

2 Q. Do you recall having any discussions with  
3 anyone at Abbott back in 1999 regarding whether  
4 Abbott should try to develop a follow-on compound  
5 that had a better GI side effect profile than  
6 ABT-594?

7 A. I -- I do not recall any such  
8 conversation, no.

9 MR. DAVIS: Let's mark this as the next  
10 exhibit. I think a page fell off there.

11 MR. PHILLIPS: Thank you.

12 (WHEREUPON, a certain document was  
13 marked Silber Deposition Exhibit  
14 No. 3, for identification, as of  
15 2/9/07.)

16 BY MR. DAVIS:

17 Q. Now, Dr. Silber, I'll show you briefly  
18 what's been marked as Exhibit 3 at your deposition.  
19 Would you look at this document just for a moment  
20 and tell me if you've seen it before, please?

21 A. I don't recall this document.

22 Q. On occasions that you participated in  
23 analgesia venture portfolio reviews, did you  
24 occasionally use PowerPoint slides as part of



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1 Q. Do you recall any discussions within  
2 Abbott why Abbott would decide in mid 1999 to delay  
3 any Phase III studies for ABT-594?

4 A. I just do not recall.

5 Q. Do you recall generally that delay --  
6 Phase III studies for ABT-594 were delayed at some  
7 point in time?

8 A. I do not recall that, either, no.

9 Q. Were you -- again, ABT-594 was one of the  
10 compounds that was in the venture for which you were  
11 the head. Is that right?

12 A. That's correct.

13 Q. So is it fair to say that, within Abbott,  
14 you were primarily responsible for the development  
15 of that compound?

16 A. I was a member of the team responsible  
17 for its development, yes.

18 Q. You headed the team that was responsible  
19 for its development. Did you not?

20 A. That's correct, for -- for points in time  
21 related to its development.

22 Q. In the period from 1999 through, say,  
23 2001, how many compounds did the pain team or the  
24 analgesia venture have under development?

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1 BY MR. DAVIS:

2 Q. And what did you understand to be the  
3 reason why it was desirable or useful for Abbott to  
4 explore titration of ABT-594 in those clinical  
5 trials?

6 A. I -- I can't comment on the desirability  
7 of it, but my recollection of the -- the path being  
8 considered with respect to titration had to do with  
9 examining the effect titration would have on the  
10 occurrence of events related to the drug.

11 Q. Adverse events?

12 A. Both adverse events as well as the  
13 opportunity to examine efficacy with titration as  
14 well.

15 Q. Was one of the reasons why Abbott was  
16 exploring titration of ABT-594 was an attempt to try  
17 to overcome or address the adverse events of nausea,  
18 dizziness, and vomiting among patients taking that  
19 compound?

20 A. Can you restate the question?

21 MR. DAVIS: Yes, would you re-read it, please?

22 THE WITNESS: Thank you.

23 (WHEREUPON, the record was read by  
24 the reporter.)

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1 BY THE WITNESS:

2 A. I -- I would not say that it was an  
3 attempt to overcome or address. I would say very  
4 precisely it was directed to reduce the occurrence  
5 of those events.

6 BY MR. DAVIS:

7 Q. It was related. The titration was  
8 related in some way to the adverse events. Correct?

9 MR. PHILLIPS: Object to the form.

10 BY THE WITNESS:

11 A. Can you -- can you restate that?

12 BY MR. DAVIS:

13 Q. Sure. The -- the fact that Abbott was  
14 pursuing titration of ABT-594 was related to the  
15 adverse events of nausea, dizziness, and vomiting  
16 that had been observed among patients who took that  
17 compound in clinical trials. Correct?

18 MR. PHILLIPS: Object to the form.

19 BY THE WITNESS:

20 A. I -- I cannot comment about what Abbott  
21 was doing or thinking or intending.

22 BY MR. DAVIS:

23 Q. Well, you knew what was going on with  
24 respect to the development of ABT-594. Correct?



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1 A. My recollection is that -- that, yes, I

2 was very aware.

3 Q. And based on your understanding, okay, as  
4 the gentleman who was in charge of the pain team  
5 that was responsible for the development of ABT-594,  
6 it was your understanding that the reason why Abbott  
7 was exploring titration of ABT-594 was related to  
8 the adverse events of nausea, dizziness, and  
9 vomiting that had been observed among patients who  
10 took that compound in clinical trials. Is that  
11 correct?

12 MR. PHILLIPS: Objection to the form.

13 BY THE WITNESS:

14 A. Can you restate that question?

15 MR. DAVIS: Would you re-read the question,  
16 please?

17 (WHEREUPON, the record was read by

18 the reporter.)

19 BY THE WITNESS:

20 A. I -- I would say no; that titration  
21 was -- was being considered to -- to explore fully  
22 the range of doses that could be utilized with the  
23 drug.

24 MR. DAVIS: Let's mark this, please, as the

# PART 5

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1 performing in trials?

2 MR. PHILLIPS: Object to -- objection to the

3 form.

4 BY THE WITNESS:

5 A. Can you restate that question?

6 BY MR. DAVIS:

7 Q. While you worked at Abbott, did you, on

8 occasion, look at blinded clinical trial data in an

9 attempt to try to determine, even on a preliminary

10 basis, how the trial was progressing?

11 A. In general, blinded data would not be

12 used for any determination.

13 Q. But this email makes reference to blinded

14 data that you looked at in this time frame.

15 Correct?

16 MR. PHILLIPS: Objection to the form;

17 mischaracterizes the document.

18 BY MR. DAVIS:

19 Q. Well, let me ask it very differently,

20 Doctor. How did you determine that titration

21 appeared to improve the tolerability of ABT-594 in

22 that trial, although the data remained blinded at

23 that time?

24 A. I just don't recall.

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1 trials.

2 BY MR. DAVIS:

3 Q. Did that include adverse event data?

4 A. Among a host of other data with respect  
5 to trials.

6 Q. Why was it that, in your work at Abbott,  
7 you would review preliminary data about clinical  
8 trials while the trials were still under way?

9 A. There were a variety of reasons to review  
10 data while the course of the study was under way.

11 Q. What were they?

12 A. They would include, for example,  
13 monitoring the progress of the trial, its pace.

14 Q. Anything else?

15 A. A general appreciation for how individual  
16 participating sites were progressing or not  
17 progressing.

18 Q. Anything else?

19 A. I think those are the examples that come  
20 to mind.

21 Q. Did you ever review preliminary data from  
22 any clinical trials while the trials were still  
23 under way when you worked at Abbott in an attempt to  
24 understand how the compound that was being tested in



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1 plans submitted?

2 A. I -- I don't recall the specific

3 distribution of the development plans. But an

4 example would be senior management, the participants

5 of the team, line managers in association with it as

6 well.

7 Q. Who did you regard as the senior

8 management of Abbott as of August of 2000?

9 A. I -- I don't recall the -- the specific

10 senior management at that point in time.

11 Q. Well, in -- at that point in time, say,

12 in the summer of 2000, did you have periodic

13 interaction with Dr. Leonard?

14 A. I -- I don't recall the specifics of that

15 period of time, but, in general, I would have

16 interactions with Dr. Leonard, yes.

17 Q. Did you regard him as your immediate

18 superior?

19 A. Again, I don't recall the specifics of

20 the timing about him being or not being my immediate

21 superior. But at a point in time, he was my -- my

22 boss, yes.

23 Q. When you were the head of the pain team

24 or the analgesia venture, who do you recall were



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1 your superiors, your immediate superiors?

2 A. My recollection for some point of that

3 was that Dr. Leonard was that immediate superior.

4 Q. Do you recall anyone else ever being your  
5 immediate superior when you were the head of the  
6 pain team or the analgesia venture?

7 A. During the period of time that we are  
8 talking about here, I -- I do not recall others  
9 being my superior.

10 Q. Did you -- when you were the head of the  
11 pain team or the analgesia venture, did you  
12 occasionally interact with Dr. Jeffrey Leiden?

13 A. Again, I don't recall the specifics of  
14 timing, but I do recall from time to time making  
15 presentations with Dr. Leiden, yes.

16 Q. What did you understand to be  
17 Dr. Leiden's position at that time?

18 A. I -- I don't recall the specifics during,  
19 again, any particular point in time. But in  
20 general, my recollection is that the function of  
21 senior scientific officer; at some point  
22 responsibilities for pharmaceuticals, including  
23 pharmaceutical development and discovery.

24 Q. Do you recall ever having any discussions

Silber, M.D., Christopher (Linked) 2/9/2007 9:08:00 AM

1 on the ABT-594 114 study?

2 MR. PHILLIPS: Objection to the form.

3 BY THE WITNESS:

4 A. Can you describe what you mean by "trains  
5 running"?

6 BY MR. DAVIS:

7 Q. Okay. You're not familiar with that  
8 term?

9 A. I'm familiar with trains.

10 Q. Okay. As you sit here today, you don't  
11 know who at Abbott was responsible on a day-to-day  
12 basis for administering the 114 study.

13 A. Again, I'm not certain of the phrase  
14 "administering" or -- or what you mean by that.

15 Q. Well, who at Abbott was responsible for  
16 the 114 study?

17 A. Members -- in general, members of the  
18 clinical research team would have been responsible  
19 for the trial. I just do not recall the -- the  
20 responsibilities that any individual member of the  
21 team would have had with respect to this study.

22 Q. What involvement have you had in the past  
23 in -- in the personal op- -- personally in the  
24 operation of a clinical trial?

# PART 6

Silber, M.D., Christopher (Linked) 2/9/2007 9:08:00 AM

1 A. Over the course of time, my  
2 responsibilities have varied considerably with  
3 respect to interactions with clinical trials.

4 Q. What responsibilities have you had?

5 A. Those would have included, among others,  
6 the identification of sites, the review of study  
7 progress, elements of study design, summarization of  
8 results, interaction with site personnel as well.

9 Q. Did you ever have any day-to-day  
10 responsibility for the operation of a clinical  
11 trial?

12 A. I have never been a participating site in  
13 a clinical trial. But the full scale of my  
14 responsibilities over time have been the design,  
15 oversight, and conduct of clinical trials.

16 Q. In what capacity did you -- did you --  
17 were you ever responsible at Abbott for the  
18 day-to-day oversight of a clinical trial?

19 A. Again, I'm -- I'm not certain what you  
20 mean by "day-to-day oversight" with respect to a  
21 clinical trial.

22 Q. Well, when I say "oversight," I'm  
23 referring to the word as you just used it.

24 A. Okay.



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1 Q. Okay. You said at times you were  
2 responsible for oversight of clinical trials. My  
3 question is: Did you ever have day-to-day  
4 responsibility for the oversight of clinical trials?

5 A. Yes, I would have.

6 Q. Okay. In what capacity? What position  
7 did you hold?

8 A. In -- as -- as part of my initial  
9 responsibilities in joining Abbott in the early  
10 1990s, I would have had very direct oversight  
11 responsibilities with respect to clinical trials.

12 Q. Okay. How many clinical trials did you  
13 have direct oversight responsibility for?

14 A. I -- I do not recall a specific number  
15 that -- that I would categorize in the context of  
16 direct oversight that we're now talking about.

17 Q. Generally, how many?

18 A. Several, many, many.

19 Q. More than five?

20 A. Yes.

21 Q. Um-hmm. Did any of them involve ABT-594?

22 A. Not in the context that I am now  
23 describing it, no.

24 Q. What -- what compounds were involved in



Silber, M.D., Christopher (Linked) 2/9/2007 9:08:00 AM

1 Q. Was it, at this point in time, considered  
2 by you or others within Abbott, to your knowledge,  
3 to be a potential competitor for ABT-594 if ABT-594  
4 was introduced for neuropathic pain?

5 A. I -- I don't remember precisely how it  
6 was being considered, other than it was under  
7 development and/or being -- it was under development  
8 for use in neuropathic pain, as I recall.

9 Q. All right. Did you understand ABT-594 to  
10 have problems with tolerability as of October 2000?

11 MR. PHILLIPS: Objection to the form. Sorry.

12 BY THE WITNESS:

13 A. I -- I guess I do not agree with the  
14 characterization of -- well, the use of the word  
15 "problems" with respect to tolerability.

16 BY MR. DAVIS:

17 Q. So I take it the answer is no, you didn't  
18 think that ABT-594 had problems with tolerability as  
19 of October 2000.

20 A. No, I did not.

21 Q. Next to that box, it says, "Recommend  
22 continuation of current trial to allow for complete  
23 analysis of findings with originally projected  
24 power, despite delay in time lines."

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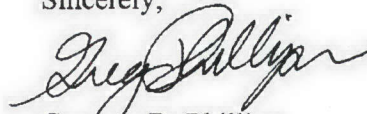
Re: John Hancock Life Insurance Co. et al. v. Abbott Laboratories

Dear Joe:

I am enclosing the executed signature page from Dr. Silber's deposition transcript, together with pages from the transcript upon which he has made corrections or changes to his testimony.

Please do not hesitate to contact me if you have any questions or comments.

Sincerely,

  
Gregory D. Phillips

1248563.1

Page 10

1 Q. What did you do between 1986 and 1991  
2 when you joined Abbott?

3 A. I did training in family medicine at Duke  
4 and thereafter was employed by a company named  
5 Forest Laboratories.

6 Q. What positions did you hold at Forest  
7 Laboratories?

8 A. Assistant director, assistant medical  
9 director.

10 Q. And what was the business of Forest Labs?

11 A. The development of, primarily, generic  
12 drugs, ~~but~~ the pharmaceutical industry.

13 Q. <sup>as part of</sup> Were you involved in drug development at  
14 Forest Labs?

15 A. Yes, I was.

16 Q. And what positions did you hold at Abbott  
17 when you worked there?

18 A. I held a variety of posts at Abbott.

19 Q. When you first joined Abbott, what  
20 positions did you hold back in 1991?

21 A. Associate director or associate medical  
22 director.

23 Q. What other positions did you hold that  
24 you recall?



1 BY MR. DAVIS:

2 Q. Well, this document makes reference to a  
3 proposal that you made for the "GO" -- the "GO"  
4 criteria. Do you know what "GO" criteria are?

5 A. I -- I don't recall what "GO" criteria  
6 meant in the context of that discussion or meeting.

7 Q. Have you ever heard the term go/no-go  
8 decision?

9 A. I have heard that term, yes.

10 Q. Is that a term that you used while you  
11 were involved in drug development at Abbott?

12 A. I do recall, from time to time, the use  
13 of that term, yes.

14 Q. What did you mean when you used that term  
15 "go/no-go decision" when you were involved in drug  
16 development at Abbott?

17 A. Among other terms, the term -- the phrase  
18 "go/no-go" would refer to decision points or  
19 potential decision points, depending upon the  
20 available information, that would be opportunities  
21 to be <sup>e</sup>review information accumulated up to that  
22 point in time, revisit them in the broader context  
23 of all available information, and a potential  
24 decision could follow that.

1 Q. Did it change the picture for Abbott in  
2 pain in any other way?

3 A. I -- I do remember a sustained release  
4 product as well as part of the Knoll acquisition.  
5 Dilaudid Oros was the name <sup>of the</sup> project. <sup>(4)</sup> That was the  
6 only other way that I can recall in general terms  
7 discussion about pain compounds as part of Knoll  
8 acquisition.

9 MR. DAVIS: Would you mark this as the next  
10 exhibit, please?

11 (WHEREUPON, a certain document was  
12 marked Silber Deposition Exhibit  
13 No. 50, for identification, as of  
14 2/9/07.)

15 MR. PHILLIPS: Mr. Videographer, are these  
16 getting in your way?

17 MR. FRANCE: (Indicating.)

18 MR. DAVIS: This is Exhibit 50?

19 BY MR. DAVIS:

20 Q. Dr. Silber, you have been handed what has  
21 been marked as Exhibit 50, which appears to be an  
22 email from you to you about you.

23 MR. PHILLIPS: Sorry.

24



1 IN THE UNITED STATES DISTRICT COURT.

2 FOR THE DISTRICT OF MASSACHUSETTS

3 JOHN HANCOCK LIFE INSURANCE )

4 COMPANY, et al., )

5 Plaintiffs, ) Civil Action No.

6 vs. ) 05-11150-DPW

7 ABBOTT LABORATORIES, )

8 Defendant. )

9 I hereby certify that I have read the  
10 foregoing transcript of my deposition given at the  
11 time and place aforesaid, consisting of Pages 1 to  
12 255, inclusive, and I do again subscribe and make  
13 oath that the same is a true, correct and complete  
14 transcript of my deposition so given as aforesaid,  
15 and includes changes, if any, so made by me.

16

17

*Christopher J. Silber M.D. 3/18/07*

18

CHRISTOPHER SILBER, M.D.

19

20 SUBSCRIBED AND SWORN TO before me

21 this day of , A.D. 2007.

22

23

Notary Public

24